

## Utah State Office of Rehabilitation Division of Services to the Deaf and Hard of Hearing

## **Utah Certification Board**

5709 South 1500 West / Taylorsville UT 84123-5217 801.263.4860 / 801.313.6810 fax

	API	PEAL	
Name		<i></i>	0ate
Address			
		Ph	one (home)
e-mail address		Ph	one (cell)
e-maii address	_		
	Purpose of (please state all situations a	f this Appeal and details to be cons	idered)
☐ Lapsed certification	☐ Expired certification	Maintenance	Other
Summary			